Case Number:	CM13-0060052		
Date Assigned:	12/30/2013	**Date of Injury:**	07/28/2008
Decision Date:	05/07/2014	**UR Denial Date:**	11/14/2013
Priority:	Standard	**Application Received:**	12/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 50 year old male who suffered a work injury on 7/28/08. He complains of bilateral low back pain. His diagnoses include 1. Industrially-related gastrointestinal upset due to chronic industrially-related pain medications 2. Gastrointestinal upset secondary to post industrial-medications 3. Bilateral lumbar facet joint pain at L4-L5 and L5-S1 with positive diagnostic bilateral L4-L5 and L5-S1 medial branch blocks 4. Status post bilateral L4 through Sl lumbar facet joint radiofrequency nerve ablation (neurotomy/rhizotomy) 5. Lumbar facet joint hypertrophy at the bilateral L3 through S1 facet joints 6.Central disc protrusion at L5-S1, 2 to 3 mm in size 7. Mild to moderate central canal stenosis at L5-S1 and L4-L5, 8. Central disc bulge at L4-L5 9. Lumbar sprain/strain 10. Depressed mood secondary to industrially-related chronic low back pain 11. Type II diabetes mellitus. There are requests for Norco and Ultram. There is an 11/12/13 comprehensive medical legal evaluation report that states that the patient's low back pain increases with bending, twisting, lifting, walking and is decreased with lying supine. The physician states that the patient's 10/15/13 UDS results which showed the presence of Tramadol but the absence of Hydrocodone. The patient's last doses of Tramadol and Hydrocodone were that morning. His current medications include Lidoderm 5% patch to apply 1 patch q. 12 hours, Ultram 50 mg 1 tab by mouth twice a day., Prilosec 20 mg q.d., Metformin, AndroGel 1%, Norco 10/325 mg twice a day as needed pain. The physical exam reveals that lumbar ranges of motion were restricted by pain in all directions. Lumbar facet joint provocative maneuvers were positive. Nerve root tension signs were negative bilaterally. Muscle stretch reflexes were symmetric bilaterally in all limbs. Clonus, Babinski's, and Hoffman's signs were absent bilaterally. Muscle strength is 5/5 in all limbs bilaterally. The remainder of the examination is unchanged from the previous visit. The treatment plan included an appeal for the denial of the

patient's Tramadol 50 mg #60 (DOS 7/13-10/13) as it meets the MTUS and ODG guidelines as it provides the patient with 40% improvement of his pain and allows him to perform and maintain his activities of daily living such as self-care, dressing and going to work. He is on an up-to-date pain contract and has had previous consistent UDS. There is an appeal for the denial of the patient's Hydrocodone 10/325 mg #60 (DOS 7/13-10/13) as it meets the MTUS and ODG guidelines as the Norco provides 60% improvement of his pain with improved function so that he can perform his activities of daily living such as self-care and also go to work and perform his work duties. He is on an up-to-date pain contract and his previous UDS results have been consistent. His current medications include Lidoderm 5% patch to apply 1 patch q. 12 hour Ultram 50 mg 1 tab by mouth twice a day., Prilosec 20 mg q.d., Metformin, AndroGel 1%, Norco 10/325 mg by mouth as needed pain. Per documentation the primary treating physician's progress report of occupational injury dated 10/15/13 indicates that the claimant complains of bilateral low back pain. The claimant's last doses of Ultram and Norco were this morning. Current medications include Lidoderm patches; Ultram 50mg, Prilosec, Metformin, Androgel 1%, Norco 10/325mg. Exam of the lumbar spine reveals restricted range of motion by pain in all directions. Lumbar facet joint provocative maneuvers are positive. The provider recommends in-office random 12-panel urine drug screen and continued medications. There is an 8/05/2013 utilization review which provided only a "partial" certification for Ultram 50mg and Norco10/325; modified for allowance of #60 tabs each (a one-month supply) and the 2 refills were disallowed pending future submission of supporting medical documentation. There is documentation that a 4/4/12 urine toxicology screen that revealed hydrocodone and acetaminophen were prescribed and not detected.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

60 ULTRAM 50MG (RETROSPECTIVE: 7/13-10/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 79-80.

Decision rationale: 60 Ultram 50mg (retrospective 7/13-10/13) are not medically necessary per the MTUS guidelines. The current evidence based guidelines recommend the discontinuation of opioid medication if there is a lack of improvement in function or improvement in pain. According to available documentation, the patient had been utilizing Ultram and Tramadol therapy since at least 12/13/12 without documented evidence of significant improvement in pain or overall functional improvement. Furthermore, there have been inconsistencies on prior urine toxicology testing. The MTUS states that documentation should include the 4 A's for Ongoing Monitoring which include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of

these controlled drugs. The documentation does not indicate that these domains of ongoing monitoring are being addressed. The request for 60 Ultram 50mg (retrospective 7/13-10/13) are not medically necessary per the MTUS guidelines.

60 NORCO 10/325MG (RETROSPECTIVE: 7/13-10/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 79-80.

Decision rationale: 60 Norco 10/325mg (retrospective: 7/13-10/13) are not medically necessary per the MTUS guidelines. The current evidence based guidelines recommend the discontinuation of upload medication if there is a lack of improvement in function or improvement in pain. According to available documentation, the patient had been utilizing Ultra and Tramadol therapy since at least 12/13/12 without documented evidence of significant improvement in pain or overall functional improvement. Furthermore, there have been inconsistencies on prior urine toxicology testing. Additionally the MTUS states that documentation should include the 4 A's for Ongoing Monitoring which include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The documentation does not indicate that these domains of ongoing monitoring are being addressed. The request for 60 Norco 10/325mg (retrospective 7/13-10/13) are not medically necessary per the MTUS guidelines.